French Ambassador for Global Health Anne-Claire Amprou: A Big Historical Moment

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FEATURING
Anne-Claire Amprou
French Ambassador for Global Health

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This is the CommonHealth from the CSIS Bipartisan Alliance for Global Health Security, engaging senior leaders on questions of how to address our common health security challenges in this post-COVID moment.

I’m delighted today to be joined by Ambassador Anne-Claire Amprou, who was appointed the French ambassador for global health in November 2022. Welcome, Anne-Claire. It’s great to have you with us and a great honor.

Thank you very much, and thank you for the invitation. I’m very pleased to be here today with you.

Since April of 2022, she has served as the French negotiator for the international accord on pandemic prevention, preparedness, and response; that means a full two years dedicated to this intense and complicated diplomatic negotiation. We’ll talk more about that. She was a member of the French Interministerial Ebola Task Force. She served as the deputy director general for health at the French Ministry of Solidarity and Health, and as a member of the Inspector General of Social Affairs. During the COVID crisis, she coordinated the French response. Interestingly, she reports to both the Ministry of Foreign Affairs and the Ministry of Health. She has a dual appointment. We have some experience in that complicated challenge here in the United States.

Let’s start, Ambassador, with the basics. Talk about the mission and the mandate. When you were appointed to this position under two ministries with the endorsement of President Macron, what was the purpose? What was – what did everyone have in mind in terms of what your topline priorities would be?

After the COVID-19 pandemic, we understood that the scope of global health extended, actually. Historically, it was about HIV, tuberculosis, malaria. But with COVID-19, we could see that health security was key and we could see interdependence between ministries, countries. So when I was appointed, the French president had it in mind. That’s why I depend on the two ministers, ministers of Europe and foreign affairs and the minister of health. And I coordinate all the ministries regarding the global health issues.

So, very shortly, I have three main missions. The first one is to implement France global health priorities set out in the new France Global Health Strategy, which would cover the period 2023-2027. Secondly, I’m responsible of representing France on multilateral global health bodies such as the Global Fund, UNITAID. And finally, as you mentioned, I’m in charge of negotiations in the field of pandemic prevention, preparedness, and response, which are taking place in Geneva. And I also represent
France in the Pandemic Fund governing body. So, very shortly, here are my missions.

Dr. Morrison: Thank you. On the strategy that you’ve just referenced that came out in the fall, which you walked us through earlier, climate change has a very strong visibility in your – in your strategy. It’s elevated. It’s pronounced. As you read through the strategy, it comes through very loud and clear. It’s quite interesting. This is – this is new and different, I think, in the Global Health Strategy. Say a bit about that. And what is that going to mean?

Amb. Amprou: Yes. That is a major change in the Global Health Strategy, because if we look at the former strategies, that was not the case.

Dr. Morrison: Yes.

Amb. Amprou: It’s one of the lessons learned from the pandemic, especially to take into account impact of climate change on health but also the impact on health system on climate change. And when we talk about universal health coverage, when we talk pandemic prevention, we need to take into account this constant of climate change, because just two examples. When we talk about universal health coverage, of course we need to have a mechanism which can be adapt with climate emergencies. When we talk about pandemic prevention, we need to take into account zoonotic spillover. And we know the impact of climate change on this zoonotic spillover. So it’s just an example, and we wanted it at the core of the new Global Health Strategy, again, to make sure that we can address the right issues for global health for the upcoming years.

Dr. Morrison: We’re in the process here at CSIS – in the CSIS Bipartisan Alliance for Global Health Security – we’re in the process of launching a major effort on climate and health, and have great interest in talking to you as that work unfolds over the next year. One of the things that strikes me as we’ve looked at the U.S. approach in this area, there’s been a change of consciousness. The issue has – of the intersection of climate and health has risen. We’ve seen it in the COP in the day dedicated to this, and then in the new declaration, the new fund, and the like. However, it’s not so easy to imagine exactly how to move forward. There’s not a clear strategy. There’s not – there’s differences in culture and politics and funding mechanisms for health versus climate. There’s a fear within the global health world itself that climate is overshadowing this, and we’re in a period where the global health world is feeling a bit insecure that its prioritization, its funding is eroding. We’re seeing it in our budgets here. It’s a difficult period to understand how do we move forward with what specific priorities to prove that climate and health should be combined.
In our system, also, we have the political reality that climate is very politicized, and there’s a lot of denialism. It’s become a very polarizing issue, so that people are nervous when we say climate and health. They’re like, wait a second, aren’t you walking into, in the American context, an enormously difficult subject that will make it even more difficult to talk about global health? In France, how are these issues playing out? Do you have a bigger consensus societally around climate and health? Here, it’s a very nervous subject.

Amb. Amprou:

I don’t know if we have a better consensus in France. We are aware of that. I think we are quite lucky because in France we have a national roadmap, which helps. And when we talk at the international level, of course we can rely on this roadmap. But I will give you just a few example of interventions taking into account global health and climate change. And it’s new; that was not the case before.

First, when we talk about malaria. Malaria – it’s a very strong concern. We could have won the battle against malaria, but because of the climate change we have lost the battle. It is the case in Africa, but very soon that will be the case in France. So it’s a very strong concern.

Another example, when I talk about impact of health system on climate change, in our bilateral cooperation we finance the building of new hospitals. Now we note we have to think about how to build these hospital to make sure that the impact on the environment is better; to make sure that if there is a climate emergency this health system will be sustainable.

And of course, the last point is about the consensus with agriculture, environment, and health. And we have a very specific organization in France for global health, and we are very lucky. We have the opportunity to coordinate all the ministries and to make sure that we have a consolidated position on that, and we are lucky because our government is strongly committed to that.

Dr. Morrison:

Here in the United States, when you referenced around infectious diseases and climate change, we’re certainly seeing dengue grow, right? We’re seeing some serious problems. And all across Latin America we’re seeing an explosion. But we’re also seeing Puerto Rico, in Texas. We’re seeing other infectious diseases that are within our own borders. One of the issues that we are struggling with is there has been an acknowledgement that adaptation needs to be given an equal value to mitigation, right, and yet we don’t have a clear sense of what are the indicators that will tell us that the interventions that are being made are actually lowering the health impacts effectively, if we’re talking about the impacts from infectious disease, from extreme natural events, right – from extreme heat
and flooding and other things. And ultimately, we’re going to be dealing with very high migration issues.

So those are some of the things that we see as in the foreground: How do you get better indicators? How do you get prioritization around the adaptation agenda? And how does that then feed into the discussions on the climate side? The climate-expert community needs to be talking about health with much more confidence, it seems to me.

Amb. Amprou: Well, that’s a very complex question. I’m not sure that I can give you concrete indicators.

Dr. Morrison: Yes.

Amb. Amprou: But we need indicators – you’re right – especially to help to build a policy.

But you mentioned floods – in Pakistan, since that was a very good example of the disaster of the climate change and health. You talk about dengue. Dengue, yes. In France, also we have two cases of dengue. That was not the case many years ago.

Dr. Morrison: Right.

Amb. Amprou: So it’s very strange. And the key is to have the good level of information of the population and to explain, because the population in France doesn’t know dengue, doesn’t know malaria. But we need to explain what could happen, what does it mean, and what should be the infectious countermeasures, and what should be our behavior to avoid it, such as prevention policy. So it’s a mix of measures – very strong measures, and some – for some countries it’s very challenging, but also a better communication what is at stake.

Dr. Morrison: Thank you. Let’s talk a bit about the negotiations on the pandemic treaty. We’ve gone through nine rounds now. We have another round that starts the end of April. We’re closing in on the World Health Assembly in May, when a hope was that they – after two years plus, there would be results. It’s been a very difficult process, very fraught, lots of rigidities.

Let me start with one question, which is trust. There was a lot of alienation, a lot of mistrust generated in the Global South during COVID-19 around issues of equity; sovereignty; nationalism; access to vaccines, therapies, PPE, diagnostics, and the like. How has this mistrust or absence of trust, in your view, shaped the negotiating process? You’ve been in this process now for two years. You’ve had an intimate, close-in view over an extended period, so you have very exceptional insights and visibility into
what has happened. This has been a very difficult process. Where does trust sit in that, in your view?

Amb. Amprou: Trust is key. And you’re right; there is mistrust in the process of the negotiation, and we can see it. When one member state speaks, we can – we can feel the mistrust. But I’m not sure that this mistrust is directly related to the negotiation. As you mentioned, it is broader and because of what happened during the COVID-19 crisis.

So, according to me, actually, the first things to do is about communication and the fight against misinformation, first. For example, we invested a lot during the COVID-19 crisis with ACT-A, with COVAX, but the communication was not good. And so we need to improve that.

Dr. Morrison: Tell me a bit more what – I mean, I think those who worked in this period understand what you’re saying about the communications was lacking. For our listeners who aren’t as familiar, tell a bit more. Like, give a few examples. What was – what was done poorly in terms of conveying the actions that were happening in that period in terms of COVAX and other things? Where did we fall short on the communications side?

Amb. Amprou: Oh, I’m not sure that I would have been able to give some very concrete examples. But I think that, first, we didn’t communicate enough, first. We didn’t say what we wanted to do. And it is the case again when we are in the room negotiating the Pandemic Accord. It is a lack of communication and trust. When we are talking about a pandemic agreement on PPR – I mean, prevention, preparedness, and response – we think that we need to invest in the entire cycle of PPR – prevention, preparedness, and response. And of course, investing in prevention can have a cost, and there is here a mistrust or a misunderstanding of what it means. And of course, some member states – some especially developing countries – say, OK, we need financing. We need health. And our response is: Yes, but there is a mistrust about the tool which will be used.

An example is Pandemic Fund, which was created just 18 months ago for this purpose. But it’s not well-known. We didn’t communicate enough about the Pandemic Fund, what it is organized. It has an inclusive governance, but it’s not well-known even in Geneva by people, by member states involved in the negotiation. It’s another example of mistrust, of miscommunication.

Dr. Morrison: So you have demands coming from the Global South for a new financial – financing instruments at the same time that you’re puzzling over; but wait a second, we’ve created this fund; it has 2 billion in initial pledges; why can’t that be the instrument that you build from?
Amb. Amprou: That’s the question, actually.

Dr. Morrison: Yeah.

Amb. Amprou: But we need first to explain how it works, what is the amount, and who could benefit from this fund, and how it can be the answer to financing request and need. That’s the point.

And another request coming from some member states from the South is the governance. They want to be part of it, and that’s no war, I mean. (Laughs.) But at the same time, we cannot have 100 or 94 member states as the board of the Pandemic Fund. It cannot work. So that’s the balance we need to find together, collectively, for an inclusive governance. And actually, the Pandemic Fund has an inclusive governance with an equal number of seats for sovereign donors and co-investors. But I think that we can still work on it to make sure that the governance is inclusive and that everybody has a say to the financing mechanism. And we need to listen to that and to be ready to work on it. And we had the last few days a Pandemic Fund board meeting and retreat, and we tried to work on it to make sure that the Pandemic Fund can be the good tool. Maybe it’s not the only one, because we have already the Global Fund intervening in PPR. So we have existing tools, and we need to build on it to create a new fund, according to us. We think that in this fragmented landscape of global health it’s very risk for sustainability.

So we need to be very careful. And that’s why we are ready to work with everybody to find the best solution to make sure that we can have the good answer for financing and to make sure that we have sustainable financing for the future.

Dr. Morrison: Thank you. Now, time is short between today and the World Health Assembly. The pressure is on. Things have been difficult in terms of the standoff between the Africa Group – equity group – versus the Global North. There’s been frustration on all sides about this kind of deadlock. But there’s still hope that we will move towards some kind of skinny document, or something that is a more minimalist document that still captures the consensus and can be celebrated and moved forward, and perhaps with a new mechanism for downstream negotiations.

Opinions vary as to whether that’s possible or whether we’re heading towards more delay or the like. But delay is not very easy when you have elections all over so many countries, including our own, UK, and others in this coming year. And we’re in this populist moment worldwide, where skepticism around multilateralism and negotiation is pretty thick. What is it going to take, Ambassador, to move us forward and get something as a consensus document, however skinny, in May that could mark progress and bring us forward after this two-year period?
Amb. Amprou: Yes. France and the European Union remain committed to this agreement. And we think that it is still possible to reach an agreement by the end of May. And maybe that will not be as ambitious as we want it, but at least it could be the basis, we could build on it. So we are trying to, by the end of May and by the next session of the INB, because there will be a resumed session at the end of April, where we try with the group for equity, African group on very specific issues, such as prevention, financing, and pathogen access and benefit sharing. They are the three main issues that we need to build on it.

And even if the agreement at the end is very short, I mean, that will be the basis. And we think that we need this basis according to – regarding the political agenda you mentioned. An election in European Union, in U.K., in U.S., but also in other countries. What is important is to keep the political momentum. We need this political momentum to make sure that with the pandemic agreement, even short, with a new international health regulation, IHR, we have taken into account the lesson learned from COVID, and to make sure that we can build on it to be better prepared for the next pandemic with an equitable system and mechanism. That's our objective, equity and better prepared.

Dr. Morrison: Do you think that it’s necessary now, in this endgame, to take things to a slightly higher level? To intensify the high-level diplomatic engagement at the ministerial level and above, at the head of state level? Is that what's needed in order to shake the system a bit, and get folks to rally around the kind of solution that you’re describing?

Amb. Amprou: There are some proposal like that in Geneva, actually. I’m not sure that it’s the best way to move forward, frankly, because I think that we share the same political objectives. They have already been shared. But what we need is to have some technical issues. Of course, it’s not that easy to work on it. But when we look at the pandemic agreement, we need political commitment. But we need technical details to make sure that the mechanism, such as the pathogen access and benefit sharing will work. We want something that will make a difference on the ground.

That means that the political commitment need to be defined by very concrete measures. So we need both. And maybe a ministerial meeting could be useful. But I think that the political commitment, we got it. We share the same objective. Now we need in an agreement, adopted by the World Health Assembly, to be more practical, and to make sure that equity will be at the core of the measures that we take when we talk about prevention, when we talk about financing. And it’s what we need. So we
are ready to – every proposal that we can have, to make sure that by the end of May we will reach an agreement.

Dr. Morrison:  
Thank you. I want to talk a little bit about the many different replenishments that are coming forward. Like 2019, this period, 2024-2025, we have multiple replenishments coming forward with very high ambitions. We have the Global Fund; we have Gavi, the Vaccine Alliance; we have the Pandemic Fund; we have the World Health Organization; and there are others. And this is coming in a – by comparison with 2019, this period is considerably more difficult.

2019 wasn't easy, but when you add in the war in Ukraine, and what that has meant, the costs of that in terms of dealing with the humanitarian and the migration consequences, the Middle East war, the ascent of climate change and what that is meaning in terms of the demand on resources, generally fiscal scarcity in the post-COVID period where there’s been a bit of an inflationary tendency, there’s been a turning away from health security to some degree.

So here we have all of these replenishments rolling forward, and under difficult circumstances. They roll up to a pretty high number. And when you look at the projections of what is expected, there’s going to be a gap of some kind. What is your advice on the kind of diplomatic strategy to get the best result under these circumstances?

Amb. Amprou:  
Yes, you’re right. The replenishments taking place between mid-2024 and ’25 will be very challenging regarding the new landscape, the crisis environment, and the budgetary constraints. And we need to be realistic. But at the same time, if we look at the Global Fund, for example, which will be the last one. (Laughs.) But if we look at the mission of the Global Fund, the job is not finished. If we look at the data regarding HIV, malaria, tuberculosis, the job is not finished. So as donors, France, U.S., and the others, we need to remain very committed.

But at the same time, given the budgetary constraints, that means that we need very good coordination among donors, but also diversification of funding sources among all the public or private donors, including domestic financing. So France remains very committed. But that means we need to work very closely with other donors, new donors, and with member states, because we need domestic investment. And we need sustainability. We need ownership. That will be key to prepare the next replenishments.

Dr. Morrison:  
Thank you. I want to touch on – quickly on two very important topics, and then come – we’ll close with a question around strengthening U.S.-French cooperation. The first topic is AMR, antimicrobial resistance. This is a big
We’re rolling up to the high-level meeting on the edge of the U.N. General Assembly in September. Tell us just a bit, what – from France’s standpoint – what should we be trying to achieve this year with respect to AMR?

Amb. Amprou: Yes. This year, 2024, will be the year of AMR. And we are happy with that, because that’s very important. When we talk about AMR, we talk about silent pandemic. And we need to first communicate on that because, again, there is a misunderstanding about this silent pandemic. The high-level meeting in New York would be a very good opportunity to move forward. And, as you know, France is a strong advocate for international cooperation to fight against AMR.

So in this regard, a few priorities. First, health systems threatening, again. And when we talk about AMR, we talk about access to antimicrobials for patients, new tools for diagnostic recommendations. And we need to invest in that. Second priority is innovation. Again, we need innovation as a key asset to corroborate in finetuning needs on appropriate incentives. And my last point maybe will refer to what we have already discussed is communication, explanation, understanding of what it means. Of course, we understand the different interests of agriculture, environment, health – sometimes they are not compatible. But we need the same understanding of what it means. And I hope that the HLM in New York would be a very, very good opportunity to have this political momentum and political commitment.

Dr. Morrison: Thank you. France has been very committed on the training of the next generation healthcare professionals. Very involved in the WHO Academy project. Say a few words about that. Where does that fit in your strategy? Why such a commitment?

Amb. Amprou: That’s a top priority of the French global health strategy. We think that we need to invest massively in health system, in particular human resources. That’s key. And especially given the data published by WTO, given the idea of the shortage of staff by 2030, it’s between 10 and 15 million. So we need to invest in human resources and in training.

So this priority was illustrated by an investment made by France in WHO Academy, which is located in Lyon. And which is to become the International Center for Training for Health Workers. When I talk about health workers, it’s not only physicians and nurses, but it is also decisionmaker. So WHO Academy will be able to provide training to everybody everywhere in the world – online, but also in Lyon, because there is a new building which will be inaugurated at the end of the year, and with a simulation center, which is very important when we talk about emergencies, but not only about emergencies.
And this academy will be the platform for the access to training with the other – both WHO, but also very famous universities. And the point is to have access for everybody, for health workers, to make sure that we can get lifelong training. The last point is we want to invest in research and development and artificial intelligence when we talk about training. That would be another priority for WHO Academy.

Dr. Morrison: Thank you. Let’s close with the U.S.-France relationship, which is strong in global health and global health security. Has been strong for some time across a spectrum of different areas. We don’t need to go into those. But there is a strong foundation. As you advise your government, as you engage with our leadership here in Washington, where are the areas – the topline areas where more can and should be done – that will be most valuable, in your estimation, that we should be trying to set our sights forward in the next couple of years?

Amb. Amprou: I couldn’t say more. The partnership between the U.S. and France is very, very strong. And we are very glad to be able to rely on it. And it’s always very useful when we want to move forward for global health. But, at the same time, regarding the new challenges for global health, especially the global health architecture but also new priorities, this partnership will be key. And we need to work very closely when we talk about preventing and combating pandemics, health emergencies, ensuring international health security, the U.S. and French partnership is key.

But also when we talk about defending sexual and reproductive health and rights, we can see some countries where it is at risk. And a strong voice as the U.S. and French voice on these very specific issues is very helpful, very useful. So the partnership will be very, very helpful. And, again, when we talk about the preparation of the next replenishments, the U.S. and France, as the major donors to multilateral funds, a strong partnership will be very useful.

Dr. Morrison: I wanted to add in one other topic, which is a very sensitive and complicated one, which is Gaza. We’ve done a lot of work on Gaza since November. We have a series, “Gaza: The Human Toll,” which is a broadcast series. We’ve done nine shows. We’re doing our 10th very soon. France has been very active in multiple ways. I’d like you to just offer some broad comment on how France has looked upon the humanitarian crisis, the human crisis. You’ve been involved in some of the maritime corridor initiatives to try to move products from Cyprus towards Gaza. You’ve been involved in the air drops. You’ve been involved in the field hospitals – emergency field hospitals. France has been very active in trying to circumnavigate these incredible challenges of access, and the urgency of
this in terms of the famine, the suffering and deaths that we’ve seen among Palestinians. Could you say a few words?

Amb. Amprou: That’s a very sensitive issue, as you mentioned. And over the past few months, France has been very involved in protecting hospitals, health care workers, NGOs, especially through the support to WHO’s humanitarian operations. And France tried to respond very quickly, given the emergencies. And, for example, France has been fully mobilized to help the people of Gaza, working very actively with third countries, particularly Egypt. And for two months, the aircraft, Dixmude, cared for more than 100 patients coming from Gaza.

Dr. Morrison: These are medevacs?

Amb. Amprou: Yes. With some professionals coming from France. And at the end of February, the two ministries – the Ministry of Health and the Ministry of Foreign Affairs – we delivered a further eight tons of medical equipment to help Egyptian hospitals treat their wounded, evacuated patients. Just few examples of France trying to do – and we are still committed to protect hospital health care workers and NGOs. That’s our priority.

Dr. Morrison: Thank you very much. We ask all of our guests to close by just telling us what gives you the greatest optimism and hope? You are obviously a very optimistic person, but just tell our audience – you’re dealing with so many issues, and your command of the issues is so impressive, and so many of them are difficult. Where do you draw the most hope and optimism?

Amb. Amprou: Two things, I think. Very practical, the pandemic agreement. I want to remain optimistic and hopeful because we need to. And, second, health system strengthening with equity. That’s the core of our strategy, with some guiding principle on values because health is a fundamental right.

Dr. Morrison: Thank you so much for being with us today, Ambassador Anne-Claire Amprou. Thank you. It’s been a real honor to have you with us here.

Amb. Amprou: Thank you very much.

Dr. Morrison: Thank you for listening to The CommonHealth. If you enjoyed this podcast, please give us a follow and leave a review. To learn more about the CSIS Bipartisan Alliance for Global Health Security or listen to other CSIS podcasts, please visit CSIS.org.

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